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No. _____

NONDISCRIMINATION AND EQUAL OPPORTUNITY/ACCESS
INTERNAL COMPLAINT FORM

Nicole Poston 330-312-0102
NAME OF COMPLAINANT TELEPHONE NUMBER
3407 Trade Winds Cove NW, Canton, OH 44708
ADDRESS

RELATIONSHIP TO THE SCHOOL DISTRICT:

____ EMPLOYEE

X TEACHER

____ OTHER _____ (POSITION)

____ OTHER _____ (DESCRIBE)

STATEMENT/NATURE OF COMPLAINT (INCLUDING DATE OF ALLEGED DISCRIMINATION):

11/18/15- Staff Meeting/Workshop. Attended session on "Feedback". Presented
by teacher (T. Martin). Failure of administration to provide reasonable

accommodations to access presentation and materials (including 18 font or larger

as previously stated). Teacher never informed. Intentional discrimination by admin.
Retaliation for previously filed ADA complaints.

WHAT ACTION ARE YOU REQUESTING? (i.e. RELIEF SOUGHT):

Accommodation meeting. Meeting with the Board of Education.

All administration in district receive formal training on ADA and working with
employees with disabilities.

Nicole Poston 11-30-15
COMPLAINANT DATE

Internal Office Use Only

DATE RECEIVED BY DISTRICT'S CIVIL RIGHTS COORDINATOR: _____